**Approval of Ph.D. Extension by the Vice Chancellor**

**Student Fact Sheet**

**File No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **S.No.** | **Particulars** | | | |
|  | Name of the Student |  | | |
|  | Faculty |  | | |
|  | Department |  | | |
|  | Name of the Supervisor with Designation |  | | |
|  | Date of Ph.D. Registration |  | | |
| **S.No.** | **Particulars** | **Date** | **Justification**  **Y/N** | **Page No** |
|  | Application by the student for extension with justification supported by documents |  |  |  |
|  | Recommendation of the Supervisor mentioning  a) Reason for delay  b) Justification for extension  c) If the extension requested will lead to thesis submission  d) Time duration required for submission |  |  |  |
|  | Whether Progress Report and Draft of Work completed/Thesis of the student is attached |  |  |  |
|  |  | **Meeting Date** | **Recommendation Y/N** |  |
|  | Departmental Research Council |  |  |  |
|  | Board of Research Studies |  |  |  |
|  | Dean Research: PS&MS/ LS /H&SS  Res |  |  |  |
|  | Chairperson Research Council |  |  |  |
|  | Pro-Vice Chancellor |  |  |  |
|  | Vice Chancellor |  |  |  |

**Details of previous extension**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Particulars** | **Date** | **Period of Extension**  **From To** | **Page No** |
|  | First extension by BRS |  |  |  |
|  | Particulars of any previous extensions from the Vice Chancellor |  |  |  |

Note: Points 1 to 10 to be duly filled, flagged and checked by the BRS of the respective Faculty.

Verification and Signature by BRS

**Recommendation of the Supervisor**

Student Name:

Date of Registration:

Enrolment No.:

First Extension: 05/06/2020 to 04/12/2020

Covid Adjustment: 05/12/2020 to 04/06/2020

Second Extension sought for:

1. Reason for Delay
2. Justification for Extension
3. If the extension requested will lead to thesis submission (y/n)
4. Time duration required for submission

It is recommended that the candidate may be granted approval for extension of date for PhD thesis submission.

Supervisor’s Signature

Supervisor’s Name

**Justification for the Extension (Beyond 5 years, 6 months plus 6 months as**

**adjustment due to COVID-19 pandemic)**

By the student

**UNDERTAKING**

Six months extension from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_for completion of phd beyond the completion of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Son/Daughter/Wife of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph.D. student registered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department under the supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I shall submit my Ph.D. thesis on or before the completion of the extended period as requested above.

Signature of the Applicant

Date:

Supervisor:

Head of the Department: